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ESTATE PLANNING LAW INTAKE

DATE: _____

CLIENT BACKGROUND INFORMATION

I. CLIENT:

NAME: _____ BIRTHDAY: _____ SSN: _____ D/L: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

EMPLOYER'S NAME: _____ JOB TITLE: _____ PAY: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

LENGTH OF TIME AT CURRENT JOB: _____ OTHER INCOME: _____

HIGHEST SCHOOLING COMPLETED: _____ OTHER NAMES KNOWN BY: _____

PLACE OF BIRTH: _____ CHICAGO-AREA RESIDENT SINCE: _____

CHICAGO-AREA FAMILY MEMBERS: _____

II. CLIENT'S SPOUSE:

NAME: _____ BIRTHDAY: _____ SSN: _____ D/L: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

EMPLOYER'S NAME: _____ JOB TITLE: _____ PAY: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

LENGTH OF TIME AT CURRENT JOB: _____ OTHER INCOME: _____

HIGHEST SCHOOLING COMPLETED: _____ OTHER NAMES KNOWN BY: _____

PLACE OF BIRTH: _____ CHICAGO-AREA RESIDENT SINCE: _____

CHICAGO-AREA FAMILY MEMBERS: _____

III. CLIENT'S CHILDREN:

A. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____

B. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____

C. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____

D. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____

IV. CLIENT'S GRANDCHILDREN:

A. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____
PARENTS' NAMES: _____

B. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____
PARENTS' NAMES: _____

C. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____
PARENTS' NAMES: _____

D. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____
PARENTS' NAMES: _____

V. CLIENT'S PARENTS:

A. FATHER'S NAME: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____

B. MOTHER'S NAME: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____

VI. CLIENT'S SIBLINGS:

A. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____

B. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____

C. NAME: _____ MALE/FEMALE: ____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

D. NAME: _____ MALE/FEMALE: ____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

VII. CLIENT'S NEPHEWS/NIECES AT DEATH:

A. NAME: _____ MALE/FEMALE: ____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

PARENTS' NAMES: _____

B. NAME: _____ MALE/FEMALE: ____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

PARENTS' NAMES: _____

C. NAME: _____ MALE/FEMALE: ____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

PARENTS' NAMES: _____

D. NAME: _____ MALE/FEMALE: ____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

PARENTS' NAMES: _____

CLIENT'S CURRENT ESTATE PLANNING DOCUMENTS/SAFE DEPOSIT BOXES

DOES CLIENT HAVE A WILL? _____ IF YES, LOCATION OF WILL: _____

DOES CLIENT HAVE A TRUST? _____ IF YES, LOCATION OF TRUST: _____

DOES CLIENT HAVE A POA? _____ IF YES, LOCATION OF POA: _____

DOES CLIENT HAVE A HEALTH POA? _____ IF YES, LOCATION OF HEALTH POA: _____

DOES CLIENT HAVE A SAFE DEPOSIT BOX? _____ IF YES, LOCATION OF BOX: _____

IF CLIENT HAS A WILL, WHY CHANGE? _____

IF CLIENT HAS A TRUST, WHY CHANGE? _____

IF CLIENT HAS A POA, WHY CHANGE? _____

IF CLIENT HAS A HEALTH POA, WHY CHANGE? _____

DOES CLIENT WANT SURVIVORSHIP CLAUSES? _____ IF YES, EXPLAIN: _____

DOES CLIENT WANT DISINHERITANCE CLAUSES? _____ IF YES, EXPLAIN: _____

CLIENT'S DESIRED ESTATE PLANNING DOCUMENTS

I. DESIRED EXECUTORS OF WILL:

A. PRIMARY NAME: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

RELATIONSHIP TO CLIENT: _____ PAID/UNPAID POSITION: _____

B. SECONDARY NAME: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

RELATIONSHIP TO CLIENT: _____ PAID/UNPAID POSITION: _____

C. TERTIARY NAME: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

RELATIONSHIP TO CLIENT: _____ PAID/UNPAID POSITION: _____

II. DESIRED BENEFICIARIES AND GIFTS UNDER WILL:

A. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

GIFTS: _____

B. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

GIFTS: _____

C. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

GIFTS: _____

D. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

GIFTS: _____

E. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

GIFTS: _____

III. DESIRED TRUSTEES OF TRUST:

A. PRIMARY NAME: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____
RELATIONSHIP TO CLIENT: _____ PAID/UNPAID POSITION: _____

B. SECONDARY NAME: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____
RELATIONSHIP TO CLIENT: _____ PAID/UNPAID POSITION: _____

C. TERTIARY NAME: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____
RELATIONSHIP TO CLIENT: _____ PAID/UNPAID POSITION: _____

IV. DESIRED BENEFICIARIES AND GIFTS UNDER TRUST:

A. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____
GIFTS: _____

B. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____
STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____
CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____
GIFTS: _____

C. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

GIFTS: _____

D. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

GIFTS: _____

E. NAME: _____ MALE/FEMALE: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

GIFTS: _____

V. DESIRED GUARDIANS OF CHILDREN/DISABLED ADULTS IN WILL:

A. PRIMARY NAME: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

RELATIONSHIP TO CLIENT: _____ PAID/UNPAID POSITION: _____

CHILDREN/DISABLED ADULTS IN NEED OF GUARDIAN: _____

B. SECONDARY NAME: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;

(WORK) _____; (FAX) _____; AND (E-MAIL) _____

RELATIONSHIP TO CLIENT: _____ PAID/UNPAID POSITION: _____

CHILDREN/DISABLED ADULTS IN NEED OF GUARDIAN: _____

C. TERTIARY NAME: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____

RELATIONSHIP TO CLIENT: _____ PAID/UNPAID POSITION: _____

CHILDREN/DISABLED ADULTS IN NEED OF GUARDIAN: _____

VI. DESIRED AGENTS OF POA:

A. PRIMARY NAME: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____

RELATIONSHIP TO CLIENT: _____ PAID/UNPAID POSITION: _____

DESIRED POWERS UNDER POA: _____

DOES CLIENT WANT AGENT TO BE THEIR GUARDIAN IF NECESSARY? _____

B. SECONDARY NAME: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____

RELATIONSHIP TO CLIENT: _____ PAID/UNPAID POSITION: _____

DESIRED POWERS UNDER POA: _____

DOES CLIENT WANT SECONDARY AGENT TO BE THEIR GUARDIAN IF NECESSARY? _____

C. TERTIARY NAME: _____ BIRTHDAY: _____ SSN: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (PAGER) _____;
(WORK) _____; (FAX) _____; AND (E-MAIL) _____

RELATIONSHIP TO CLIENT: _____ PAID/UNPAID POSITION: _____

DESIRED POWERS UNDER POA: _____

DOES CLIENT WANT TERTIARY AGENT TO BE THEIR GUARDIAN IF NECESSARY? _____

VI. DESIRED AGENTS OF HEALTH POA:

A. PRIMARY NAME: _____ **BIRTHDAY:** _____ **SSN:** _____
STREET ADDRESS: _____ **CITY/COUNTY/STATE/ZIP:** _____
CONTACT NUMBERS: (HOME) _____ ; **(CELL)** _____ ; **(PAGER)** _____ ;
(WORK) _____ ; **(FAX)** _____ ; **AND (E-MAIL)** _____
RELATIONSHIP TO CLIENT: _____ **PAID/UNPAID POSITION:** _____
DESIRED POWERS UNDER HEALTH POA: _____
DOES CLIENT WANT HEALTH AGENT TO BE THEIR GUARDIAN IF NECESSARY? _____

B. SECONDARY NAME: _____ **BIRTHDAY:** _____ **SSN:** _____
STREET ADDRESS: _____ **CITY/COUNTY/STATE/ZIP:** _____
CONTACT NUMBERS: (HOME) _____ ; **(CELL)** _____ ; **(PAGER)** _____ ;
(WORK) _____ ; **(FAX)** _____ ; **AND (E-MAIL)** _____
RELATIONSHIP TO CLIENT: _____ **PAID/UNPAID POSITION:** _____
DESIRED POWERS UNDER HEALTH POA: _____
DOES CLIENT WANT SECONDARY HEALTH AGENT TO BE THEIR GUARDIAN IF NECESSARY? _____

C. TERTIARY NAME: _____ **BIRTHDAY:** _____ **SSN:** _____
STREET ADDRESS: _____ **CITY/COUNTY/STATE/ZIP:** _____
CONTACT NUMBERS: (HOME) _____ ; **(CELL)** _____ ; **(PAGER)** _____ ;
(WORK) _____ ; **(FAX)** _____ ; **AND (E-MAIL)** _____
RELATIONSHIP TO CLIENT: _____ **PAID/UNPAID POSITION:** _____
DESIRED POWERS UNDER HEALTH POA: _____
DOES CLIENT WANT TERTIARY HEALTH AGENT TO BE THEIR GUARDIAN IF NECESSARY? _____

CLIENT'S ASSETS AND PROPERTY AND DEBTS

I. REAL ESTATE/TIMESHARES:
ADDRESSES: _____
DEEDED/TITLED IN WHOSE NAMES: _____
CURRENT FAIR MARKET VALUES: _____
MORTGAGE/EQUITY LOAN/LIEN AMOUNTS: _____

II. BUSINESSES:

NAMES & DESCRIPTIONS: _____

TITLED IN WHOSE NAMES: _____

CURRENT FAIR MARKET VALUES: _____

LOAN/LIEN AMOUNTS: _____

III. AUTOMOBILES/BOATS/JET-SKI'S/MOTORCYCLES/SNOWMOBILES:

DESCRIPTIONS: _____

TITLED IN WHOSE NAMES: _____

CURRENT FAIR MARKET VALUES: _____

LIEN AMOUNTS: _____

IV. BANK/BROKERAGE ACCOUNTS:

NAMES OF BANKS/BROKERAGE FIRMS: _____

TYPES OF ACCOUNTS: _____

ACCOUNT NUMBERS: _____

TITLED IN WHOSE NAMES: _____

NAMES OF BENEFICIARIES: _____

CURRENT BALANCES: _____

LOAN AMOUNTS: _____

V. RETIREMENT ACCOUNTS & PLANS (401(k)/403(b)/IRA/ANNUITY/PENSION/STOCK OPTIONS)

NAMES OF INSTITUTIONS HOLDING: _____

TYPES OF PLANS & ACCOUNTS: _____

ACCOUNT NUMBERS: _____

TITLED IN WHOSE NAMES: _____

NAMES OF BENEFICIARIES: _____

CURRENT BALANCES: _____

LOAN AMOUNTS: _____

VI. LIFE INSURANCE:

NAMES OF INSURANCE COMPANIES: _____

TYPES (TERM/UNIVERSAL/WHOLE): _____

NAMES OF OWNERS: _____

WHOSE LIVES ARE INSURED: _____

NAMES OF BENEFICIARIES: _____

FACE VALUES: _____

CASH SURRENDER VALUES: _____

LOAN AMOUNTS: _____

VII. ANTIQUES/HEIRLOOMS/EXPENSIVE JEWELRY & GIFTS/COLLECTIBLES/INHERITANCES:

DESCRIPTIONS: _____

CURRENT FAIR MARKET VALUES: _____

VIII. PERSONAL ITEMS WORTH MORE THAN \$1,000.00 EACH AT A GARAGE SALE:

DESCRIPTIONS: _____

CURRENT FAIR MARKET VALUES: _____

IX. DEBTS/LIABILITIES

**A. CREDIT CARDS/MEDICAL BILLS/STUDENT LOANS/LINES OF CREDIT/BACK TAXES/
PAST-DUE RENT & UTILITIES/FORECLOSURES/REPOSSESSIONS/NOTES/LAWSUITS**

TYPES/CREDITOR NAMES/AMOUNTS DUE/DATES INCURRED: _____

IN WHOSE NAMES: _____

REASONS INCURRED: _____

STATUS: _____

X. WHAT DO YOU WANT ATTORNEY TO DO FOR YOU? _____

FOR OFFICE USE ONLY:

ATTORNEY NOTES: _____

REFERRAL: CLC ___ PPL ___ SBC ___ HBC ___ LCB ___ ISB ___ WEB ___ MLS ___ GNF ___ RFB ___
MID ___ MAD ___ SSP ___ KKF ___ BLR ___ AJM ___ EV ___ NMW ___ MCC ___ RDC ___ JAP ___ EJM ___
RJP ___ TJS ___ JSB ___ SAL ___ DRD ___ MBB ___ DMG ___ C&W ___ WWD ___ MJP ___ W&W ___
SJS ___ D&L ___ RHE ___ DDM ___ DLP ___ S&L ___ BHB ___ NLC ___ CLERK ___ COURT _____
OTHER ATTORNEY _____ **OLD CLIENT** _____ **REPEAT CLIENT** _____